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An act relating to alcohol abuse by an expectant mother; providing a short title; creating the "Fetal Alcohol Syndrome Prevention Act"; providing legislative findings; providing a definition; directing the Department of Health to develop a public education program, including a telephone information hotline, to provide information regarding fetal alcohol spectrum disorders; directing the Department of Health in conjunction with the Department of Children and Family Services to develop and maintain a Fetal Alcohol Spectrum Disorders Prevention Network consisting of service providers and Fetal Alcohol Spectrum Disorders Diagnostic and Intervention Centers; requiring establishment of a system for assessing charges for certain services; requiring the Department of Health, the Department of Children and Family Services, and the Division of Alcoholic Beverages and Tobacco of the Department of Business and Professional Regulation to provide access to certain information on their respective Internet websites; creating s. 397.602, F.S.; providing for the voluntary admission of an expectant mother for alcohol abuse treatment services; providing evaluation procedures; removing disability of minority solely for voluntary admission; providing an exception; amending s. 397.675, F.S.; providing criteria for involuntary admission of an expectant mother under certain circumstances; amending s. 397.6772, F.S.; providing that an expectant mother may not be detained in protective

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custody at any municipal or county jail for purposes of fetal alcohol spectrum disorders prevention; amending s. 397.6791, F.S.; specifying who may request emergency admission; amending s. 397.6793, F.S.; providing criteria for a physician's certificate for emergency admission; amending s. 397.681, F.S.; providing for jurisdiction over petitions for involuntary assessment, stabilization, and treatment; specifying the respondent's right to counsel; amending s. 397.6811, F.S.; specifying who may petition the court for involuntary assessment and stabilization; amending s. 397.6814, F.S.; providing for content of a petition for involuntary assessment and stabilization; amending s. 397.6815, F.S.; providing procedures for disposition of a petition for involuntary assessment and stabilization; amending s. 397.695, F.S.; specifying who may petition the court for involuntary treatment; amending s. 397.6951, F.S.; providing for content of a petition for involuntary treatment; amending s. 397.6955, F.S.; providing procedures for disposition of a petition for involuntary treatment; amending s. 397.6957, F.S.; providing for a hearing on a petition for involuntary treatment of an expectant mother under certain circumstances; assigning the burden of proof in cases of involuntary treatment; amending s. 397.697, F.S.; providing for effect of court order for involuntary treatment; creating s. 562.063, F.S.; requiring described health warning signs to be displayed on the premises of alcoholic beverage vendors; providing penalties; requiring

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the Division of Alcoholic Beverages and Tobacco of the Department of Business and Professional Regulation to produce and distribute the signs; providing for a fee and collection of the fee for costs of the signs; reenacting s. 397.6773(1), F.S., relating to dispositional alternatives after protective custody, to incorporate the amendment to s. 397.675, F.S., in a reference thereto; directing the Department of Health to establish Fetal Alcohol Spectrum Disorders Diagnostic and Intervention Centers and develop and provide professional training; specifying center locations; providing appropriations; providing effective dates.

WHEREAS, the Centers for Disease Control and Prevention has reported a rise of nearly 27 times in the rate of Fetal Alcohol Syndrome and other fetal alcohol spectrum disorders, resulting in a current rate of 26.8 infants with Fetal Alcohol Syndrome for every 10,000 births, and each of these infants represents a cost to society of more than \$4 million over the course of the infant's lifetime, and

WHEREAS, the estimated annual cost to the state as a result of fetal alcohol spectrum disorders, including the costs to the juvenile justice system and the costs related to special education, is \$432,045,575, and

WHEREAS, fetal alcohol spectrum disorders are the leading cause of mental retardation in the United States, and

WHEREAS, the full spectrum of birth defects caused by alcohol, referred to as fetal alcohol spectrum disorders,

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results in as many as 270 infants with fetal alcohol spectrum disorders for every 10,000 births, and

WHEREAS, according to the National Institute of Health, only 39 percent of women of childbearing age know about fetal alcohol spectrum disorders, and

WHEREAS, according to the 1996 Report to Congress of the Institute of Medicine, of all the substances of abuse, including heroin, cocaine, and marijuana, alcohol produces by far the most serious neurobehavioral effects in the fetus, resulting in permanent disorders of memory function, impulse control, and judgment, and

WHEREAS, there are no health warnings about fetal alcohol spectrum disorders in television commercials and other alcohol advertising that impact the majority of young people and their parents, and

WHEREAS, the Legislature, in recognition of these facts, finds it necessary to require the immediate treatment of pregnant women found to be under the influence of alcohol and to further require the posting of health warning signs about fetal alcohol spectrum disorders on the premises of package alcoholic beverage outlets in the state, NOW, THEREFORE,

Be It Enacted by the Legislature of the State of Florida:

Section 1. This act may be cited as the "Fetal Alcohol Syndrome Prevention Act."

Section 2. Fetal Alcohol Syndrome and other fetal alcohol spectrum disorders; legislative findings; definition.--

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(1) The Legislature finds that Fetal Alcohol Syndrome and other fetal alcohol spectrum disorders are serious, permanent, and life-altering conditions that substantially and adversely impact persons born with fetal alcohol spectrum disorders as well as their parents, siblings, and children.

- (2) The Legislature also finds that Fetal Alcohol Syndrome and other fetal alcohol spectrum disorders are extremely costly conditions when the total amount of medical, psychiatric, respite, and other care is calculated over the course of an affected person's lifetime.
- (3) The Legislature further finds that fetal alcohol spectrum disorders can be prevented or reduced by taking steps necessary to protect to the greatest extent possible a developing fetus from the detrimental effects of alcohol consumption by an expectant mother.
- (4) The term "fetal alcohol spectrum disorder" means a continuum of permanent birth defects caused by maternal consumption of alcohol during pregnancy and includes Fetal Alcohol Syndrome.
- Section 3. <u>Public information on fetal alcohol spectrum</u> disorders; Fetal Alcohol Spectrum Disorders Network.--
- (1) The Department of Health is directed to develop a public education program to provide information to the public regarding the detrimental effects of fetal alcohol spectrum disorders. The program shall include the following information:
- (a) That fetal alcohol spectrum disorders are the leading cause of mental retardation in the United States and Florida.

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140 The neurological damage caused by and the symptoms of fetal alcohol spectrum disorders.

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- The permanency of the damage to the brain from fetal alcohol spectrum disorders.
- The physiological characteristics and defects of fetal alcohol spectrum disorders.
- The developmental delays resulting from fetal alcohol spectrum disorders.
- (f) The psychological impact of fetal alcohol spectrum disorders.
- The lasting effects of fetal alcohol spectrum disorders, which include difficulty maintaining successful independence, sustaining healthy relationships, and maintaining employment and the need for long-term support.
- The economic impact of fetal alcohol spectrum disorders on the affected person, his or her family, and the citizens of the state.
- The Department of Health, in conjunction with the Department of Children and Family Services, shall develop, establish, and maintain a Fetal Alcohol Spectrum Disorders Prevention Network, which shall consist of licensed service providers as defined in s. 397.311, Florida Statutes, and Fetal Alcohol Spectrum Disorders Diagnostic and Intervention Centers that have agreed to participate in providing counseling, education, and support to pregnant women regarding the effects of prenatal exposure to alcohol. The Department of Health shall also establish a telephone information hotline for persons to call to obtain information regarding fetal alcohol spectrum

disorders, local licensed service providers participating in the network, or the nearest Fetal Alcohol Spectrum Disorders

Diagnostic and Intervention Center participating in the network.

- (3) Licensed service providers and Fetal Alcohol Spectrum Disorders Diagnostic and Intervention Centers participating in the Fetal Alcohol Spectrum Disorders Prevention Network shall establish a system, to be used by providers that receive state funds, for assessing charges for services rendered pursuant to statutorily authorized involuntary or court-ordered services in accordance with a client's ability to pay.
- (4) The Department of Health, the Department of Children and Family Services, and the Division of Alcoholic Beverages and Tobacco of the Department of Business and Professional Regulation shall provide access to the public information developed pursuant to subsection (1) on their respective Internet websites.
- Section 4. Section 397.602, Florida Statutes, is created to read:
- 397.602 Voluntary admission for fetal alcohol spectrum disorders prevention.--
- (1) An expectant mother who requests an evaluation for the necessity of counseling or treatment services to minimize the risk for alcohol exposure to her unborn child may obtain that evaluation at any licensed service provider or Fetal Alcohol Spectrum Disorders Diagnostic and Intervention Center participating in the Fetal Alcohol Spectrum Disorders Prevention Network. The evaluation of the service provider must recommend the least restrictive course of action, plan, or service

reasonably necessary to remove or minimize the risk for alcohol exposure to the unborn child that is appropriate to meet the needs of the expectant mother.

- (2) (a) The disability of minority for expectant mothers who have not attained 18 years of age is removed solely for the purpose of obtaining voluntary alcohol or substance abuse treatment services from a licensed service provider, and consent to such services by a minor has the same force and effect as if executed by a client who has reached the age of majority. Such consent is not subject to later disaffirmance based on minority.
- (b) Except for purposes of law enforcement activities in connection with protective custody, the disability of minority is not removed if there is an involuntary admission for alcohol or substance abuse treatment services, in which case parental participation may be required as the court finds appropriate.
- Section 5. Section 397.675, Florida Statutes, is amended to read:
- 397.675 Criteria for involuntary admissions, including protective custody, emergency admission, and other involuntary assessment, involuntary treatment, and alternative involuntary assessment for minors, for purposes of assessment and stabilization, and for involuntary treatment.--
- (1) A person meets the criteria for involuntary admission if there is good faith reason to believe the person is substance abuse impaired and, because of such impairment:
- $\underline{\text{(a)}}$ (1) Has lost the power of self-control with respect to substance use; and either

 $\underline{\text{(b)1.}}$ (2) (a) Has inflicted, or threatened or attempted to inflict, or unless admitted is likely to inflict, physical harm on himself or herself or another; or

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 $\frac{2.(b)}{}$ Is in need of substance abuse services and, by reason of substance abuse impairment, his or her judgment has been so impaired that the person is incapable of appreciating his or her need for such services and of making a rational decision in regard thereto; however, mere refusal to receive such services does not constitute evidence of lack of judgment with respect to his or her need for such services.

(2)(a) A person may also meet the criteria for involuntary admission if the court finds that the person is an expectant mother who, while knowing she is pregnant, has continued to consume alcoholic beverages to such a degree that there is a reasonable possibility that the unborn child, when born, may be diagnosed with a fetal alcohol spectrum disorder unless the expectant mother ceases the consumption of alcoholic beverages and that there is good cause to believe she will continue to consume alcoholic beverages if not involuntarily admitted to a treatment facility. Sections 397.501 and 397.581 apply to persons meeting the criteria for involuntary admission under this subsection. Only licensed service providers, as defined in s. 397.311, that have agreed to participate in providing counseling, detoxification, residential treatment, or any other licensable service component listed in s. 397.311(18) to expectant mothers shall be used for purposes of involuntary admission under this subsection.

(b) In determining whether an expectant mother meets the criteria for involuntary admission under paragraph (a), a court may consider the following facts in support of its findings:

- 1. Whether the expectant mother was notified of the effects of fetal alcohol spectrum disorders and was counseled against the consumption of alcoholic beverages.
- 2. Whether, after being warned against the consumption of alcoholic beverages, the expectant mother continued to consume alcoholic beverages.
- 3. Whether the expectant mother has been offered and refused alcohol or substance abuse treatment or, if enrolled in alcohol or substance abuse treatment, failed to make a good faith effort to participate in the treatment program.
- 4. Whether the expectant mother exhibits a lack of self-control in the consumption of alcoholic beverages.
- 5. The quantity and frequency of alcoholic beverage consumption by the expectant mother.
- 6. Whether the expectant mother was recommended for alcohol or substance abuse treatment prior to or during her pregnancy by her physician, her spouse, or any relative or friend.
- 7. Expert medical testimony concerning the estimated alcohol-related risk to the health of the unborn child based on the continued consumption of alcoholic beverages by the expectant mother.
- 8. Any other evidence the court considers relevant to determining whether the involuntary admission of the expectant mother is necessary to prevent her from continuing to consume

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alcoholic beverages and whether, absent such intervention, there exists a reasonable possibility that the unborn child, when born, may be diagnosed with a fetal alcohol spectrum disorder.

Section 6. Subsection (1) of section 397.6772, Florida Statutes, is amended to read:

397.6772 Protective custody without consent. --

- (1) If a person in circumstances which justify protective custody as described in s. 397.677 fails or refuses to consent to assistance and a law enforcement officer has determined that a hospital or a licensed detoxification or addictions receiving facility is the most appropriate place for the person, the officer may, after giving due consideration to the expressed wishes of the person:
- (a) Take the person to a hospital or to a licensed detoxification or addictions receiving facility against the person's will but without using unreasonable force; or
- (b) In the case of an adult, detain the person for his or her own protection in any municipal or county jail or other appropriate detention facility, except that an expectant mother may not be detained at any municipal or county jail for purposes of fetal alcohol spectrum disorders prevention.

Such detention is not to be considered an arrest for any purpose, and no entry or other record may be made to indicate that the person has been detained or charged with any crime. The officer in charge of the detention facility must notify the nearest appropriate licensed service provider within the first 8 hours after detention that the person has been detained. It is

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the duty of the detention facility to arrange, as necessary, for transportation of the person to an appropriate licensed service provider with an available bed. Persons taken into protective custody must be assessed by the attending physician within the 72-hour period and without unnecessary delay, to determine the need for further services.

Section 7. Section 397.6791, Florida Statutes, is amended to read:

397.6791 Emergency admission; persons who may initiate. -- The following persons may request an emergency admission:

- (1) In the case of an adult, the certifying physician, the person's spouse or guardian, any relative of the person, or any other responsible adult who has personal knowledge of the person's substance abuse impairment.
- (2) In the case of an adult expectant mother consuming alcoholic beverages so as to place her unborn child at risk for a fetal alcohol spectrum disorder, the certifying physician joined by the expectant mother's spouse, parent or guardian, or sibling, provided that the certifying physician and any other person joining in the request sign an affidavit stating that such emergency admission is necessary to avert a substantial alcohol-related risk to the health of the unborn child and that the expectant mother has been offered and has refused alcohol or other substance abuse treatment services.
- (3)(2) In the case of a minor, <u>including any unemancipated</u> minor who is an expectant mother, the minor's parent, legal guardian, or legal custodian.

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Section 8. Section 397.6793, Florida Statutes, is amended to read:

397.6793 Physician's certificate for emergency admission.--

- (1) The physician's certificate must include the name of the person to be admitted, the relationship between the person and the physician, the relationship between the applicant and the physician, any relationship between the physician and the licensed service provider, and a statement that the person has been examined and assessed within 5 days <u>before</u> of the application date, and must include factual allegations with respect to the need for emergency admission, including:
- (a) The reason for the physician's belief that the person is substance abuse impaired; and
- (b) The reason for the physician's belief that because of such impairment the person has lost the power of self-control with respect to substance abuse; and either
- (c)1. The reason the physician believes that the person has inflicted or is likely to inflict physical harm on himself or herself or others unless admitted; or
- 2. The reason the physician believes that the person's refusal to voluntarily receive care is based on judgment so impaired by reason of substance abuse that the person is incapable of appreciating his or her need for care and of making a rational decision regarding his or her need for care.
- (2) When the emergency admission is for an expectant mother consuming alcoholic beverages so as to place her unborn child at risk for a fetal alcohol spectrum disorder, the

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physician's certificate must include the name of the person to be admitted, the relationship between the person and the physician, the relationship between the applicant and the physician, any relationship between the physician and the licensed service provider, a statement that the person has been examined and assessed within 5 days before the application date, and a statement of facts based on the expectant mother's consumption of alcoholic beverages that indicates the need for emergency admission to avert or reduce a substantial alcohol-related risk to the health of the unborn child, that the expectant mother has been counseled against the consumption of alcoholic beverages during pregnancy, and that she has been offered and has refused alcohol or other substance abuse treatment services.

- $\underline{(3)}$ The physician's certificate must recommend the least restrictive type of service that is appropriate for the person. The certificate must be signed by the physician.
- (4)(3) A signed copy of the physician's certificate shall accompany the person, and shall be made a part of the person's clinical record, together with a signed copy of the application. The application and physician's certificate authorize the involuntary admission of the person pursuant to, and subject to the provisions of ss. 397.679-397.6797.
- (5) (4) The physician's certificate must indicate whether the person requires transportation assistance for delivery for emergency admission and specify, pursuant to s. 397.6795, the type of transportation assistance necessary.

Section 9. Section 397.681, Florida Statutes, is amended to read:

397.681 Involuntary petitions; general provisions; court jurisdiction and right to counsel.--

- (1) JURISDICTION.--The courts have jurisdiction of involuntary assessment and stabilization petitions and involuntary treatment petitions for substance abuse impaired persons, and for expectant mothers consuming alcoholic beverages so as to place their unborn children at risk for fetal alcohol spectrum disorders. such Petitions must be filed with the clerk of the court in the county where the person is located. The chief judge may appoint a general or special magistrate to preside over all or part of the proceedings. The alleged impaired person is named as the respondent.
- (2) RIGHT TO COUNSEL.--A respondent has the right to counsel at every stage of a proceeding relating to a petition for his or her involuntary assessment and a petition for his or her involuntary treatment <u>authorized in this chapter</u> for substance abuse impairment. A respondent who desires counsel and is unable to afford private counsel has the right to courtappointed counsel and to the benefits of s. 57.081. If the court believes that the respondent needs the assistance of counsel, the court shall appoint such counsel for the respondent without regard to the respondent's wishes. If the respondent is a minor not otherwise represented in the proceeding, the court shall immediately appoint a guardian ad litem to act on the minor's behalf.

Section 10. Section 397.6811, Florida Statutes, is amended to read:

397.6811 Involuntary assessment and stabilization.--A person determined by the court to appear to meet the criteria for involuntary admission under s. 397.675 may be admitted for a period of 5 days to a hospital or to a licensed detoxification facility or addictions receiving facility, for involuntary assessment and stabilization or to a less restrictive component of a licensed service provider for assessment only upon entry of a court order or upon receipt by the licensed service provider of a petition. Involuntary assessment and stabilization may be initiated by the submission of a petition to the court.

- (1) If the person upon whose behalf the petition is being filed is an adult, a petition for involuntary assessment and stabilization may be filed by the respondent's spouse or guardian, any relative, a private practitioner, the director of a licensed service provider or the director's designee, or any three adults who have personal knowledge of the respondent's substance abuse impairment. If the person upon whose behalf the petition is being filed is an adult expectant mother consuming alcoholic beverages so as to place her unborn child at risk for a fetal alcohol spectrum disorder, a petition for involuntary assessment and stabilization may be filed by the respondent's spouse, parent or guardian, or sibling and joined by a physician.
- (2) If the person upon whose behalf the petition is being filed is a minor, <u>including any unemancipated minor who is an expectant mother</u>, a petition for involuntary assessment and

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stabilization may be filed by a parent, legal guardian, legal custodian, or licensed service provider.

Section 11. Section 397.6814, Florida Statutes, is amended to read:

397.6814 Involuntary assessment and stabilization; contents of petition.--

- (1) A petition for involuntary assessment and stabilization must contain the name of the respondent; the name of the applicant or applicants; the relationship between the respondent and the applicant; the name of the respondent's attorney, if known, and a statement of the respondent's ability to afford an attorney; and must state facts to support the need for involuntary assessment and stabilization, including:
- $\underline{\text{(a)}}$ (1) The reason for the petitioner's belief that the respondent is substance abuse impaired; and
- $\underline{\text{(b)}}$ The reason for the petitioner's belief that because of such impairment the respondent has lost the power of self-control with respect to substance abuse; and $\underline{\text{either}}$
- $\underline{(c)1.(3)(a)}$ The reason the petitioner believes that the respondent has inflicted or is likely to inflict physical harm on himself or herself or others unless admitted; or
- 2.(b) The reason the petitioner believes that the respondent's refusal to voluntarily receive care is based on judgment so impaired by reason of substance abuse that the respondent is incapable of appreciating his or her need for care and of making a rational decision regarding that need for care. If the respondent has refused to submit to an assessment, such refusal must be alleged in the petition.

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(2) When a petition for involuntary assessment and stabilization is for an expectant mother consuming alcoholic beverages so as to place her unborn child at risk for a fetal alcohol spectrum disorder, the petition must contain the name of the person to be assessed, the relationship between the person and the physician, the relationship between the applicant and the physician, any relationship between the physician and the licensed service provider, and a statement of facts based on the expectant mother's consumption of alcoholic beverages that indicates the need for involuntary assessment and stabilization to avert or reduce a substantial alcohol-related risk to the health of her unborn child, that the expectant mother has been counseled against the consumption of alcoholic beverages during pregnancy, and that she has been offered and has refused alcohol or other substance abuse treatment services.

Section 12. Section 397.6815, Florida Statutes, is amended to read:

397.6815 Involuntary assessment and stabilization; procedure.--Upon receipt and filing by the clerk of the court of the petition for the involuntary assessment and stabilization of a substance abuse impaired person or an expectant mother consuming alcoholic beverages so as to place her unborn child at risk for a fetal alcohol spectrum disorder by the clerk of the court, the court shall ascertain whether the respondent is represented by an attorney, and if not, whether, on the basis of the petition, an attorney should be appointed; and shall:

(1) Provide a copy of the petition and notice of hearing to the respondent; the respondent's parent, guardian, or legal

custodian, in the case of a minor; the respondent's attorney, if known; the petitioner; the respondent's spouse or guardian, if applicable; and such other persons as the court may direct, and have such petition and notice personally delivered to the respondent if he or she is a minor. The court shall also issue a summons to the person whose admission is sought and conduct a hearing within 10 days; or

(2) Without the appointment of an attorney and, relying solely on the contents of the petition, enter an ex parte order authorizing the involuntary assessment and stabilization of the respondent. The court may order a law enforcement officer or other designated agent of the court to take the respondent into custody and deliver him or her to the nearest appropriate licensed service provider.

Section 13. Section 397.695, Florida Statutes, is amended to read:

397.695 Involuntary treatment; persons who may petition.--

(1) If the respondent is an adult, a petition for involuntary treatment may be filed by the respondent's spouse or guardian, any relative, a service provider, or any three adults who have personal knowledge of the respondent's substance abuse impairment and his or her prior course of assessment and treatment. If the respondent on whose behalf the petition is being filed is an adult expectant mother consuming alcoholic beverages so as to place her unborn child at risk for a fetal alcohol spectrum disorder, a petition for involuntary treatment may be filed by the respondent's spouse, parent or guardian, or sibling and joined by a physician.

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(2) If the respondent is a minor, <u>including any</u> unemancipated minor who is an expectant mother, a petition for involuntary treatment may be filed by a parent, legal guardian, or service provider.

Section 14. Section 397.6951, Florida Statutes, is amended to read:

- 397.6951 Contents of petition for involuntary treatment.--
- (1) A petition for involuntary treatment must contain the name of the respondent to be admitted; the name of the petitioner or petitioners; the relationship between the respondent and the petitioner; the name of the respondent's attorney, if known, and a statement of the petitioner's knowledge of the respondent's ability to afford an attorney; the findings and recommendations of the assessment performed by the qualified professional; and the factual allegations presented by the petitioner establishing the need for involuntary treatment, including:
- $\underline{\text{(a)}}$ (1) The reason for the petitioner's belief that the respondent is substance abuse impaired; and
- $\underline{\text{(b)}}$ The reason for the petitioner's belief that because of such impairment the respondent has lost the power of self-control with respect to substance abuse; and either
- $\underline{(c)1.}$ (3)(a) The reason the petitioner believes that the respondent has inflicted or is likely to inflict physical harm on himself or herself or others unless admitted; or
- $\frac{2.(b)}{(b)}$ The reason the petitioner believes that the respondent's refusal to voluntarily receive care is based on judgment so impaired by reason of substance abuse that the

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respondent is incapable of appreciating his or her need for care and of making a rational decision regarding that need for care.

(2) When a petition for involuntary treatment is for an expectant mother consuming alcoholic beverages so as to place her unborn child at risk for a fetal alcohol spectrum disorder, the petition must contain the name of the person to be assessed, the relationship between the person and the physician, the relationship between the applicant and the physician, any relationship between the physician and the licensed service provider, and a statement of facts based on the expectant mother's consumption of alcoholic beverages that indicate the need for involuntary treatment to avert or reduce a substantial alcohol-related risk to the health of her unborn child, that the expectant mother has been counseled against the consumption of alcoholic beverages during pregnancy, and that she has been offered and has refused alcohol or other substance abuse treatment services.

Section 15. Section 397.6955, Florida Statutes, is amended to read:

397.6955 Duties of court upon filing of petition for involuntary treatment.--Upon the filing with the clerk of the court of a petition for the involuntary treatment of a substance abuse impaired person or an expectant mother consuming alcoholic beverages so as to place her unborn child at risk for a fetal alcohol spectrum disorder with the clerk of the court, the court shall immediately determine whether the respondent is represented by an attorney or whether the appointment of counsel for the respondent is appropriate. The court shall schedule a

hearing to be held on the petition within 10 days. A copy of the petition and notice of the hearing must be provided to the respondent; the respondent's parent, guardian, or legal custodian, in the case of a minor; the respondent's attorney, if known; the petitioner; the respondent's spouse or guardian, if applicable; and such other persons as the court may direct, and have such petition and order personally delivered to the respondent if he or she is a minor. The court shall also issue a summons to the person whose admission is sought.

Section 16. Section 397.6957, Florida Statutes, is amended to read:

397.6957 Hearing on petition for involuntary treatment. --

- (1) At a hearing on a petition for involuntary treatment, the court shall hear and review all relevant evidence, including the review of results of the assessment completed by the qualified professional in connection with the respondent's protective custody, emergency admission, involuntary assessment, or alternative involuntary admission. The respondent must be present unless the court finds that his or her presence is likely to be injurious to himself or herself or others, in which event the court must appoint a guardian advocate to act in behalf of the respondent throughout the proceedings.
- (2) For a petition seeking treatment based on substance abuse impairment, the petitioner has the burden of proving by clear and convincing evidence:
 - (a) The respondent is substance abuse impaired; and

(b) Because of such impairment, the respondent has lost the power of self-control with respect to substance abuse; and either

- (c) 1. The respondent has inflicted or is likely to inflict physical harm on himself or herself or others unless admitted; or
- 2. The respondent's refusal to voluntarily receive care is based on judgment so impaired by reason of substance abuse that the respondent is incapable of appreciating his or her need for care and of making a rational decision regarding that need for care.
- (3) For a petition seeking treatment of an expectant mother consuming alcoholic beverages so as to place her unborn child at risk for a fetal alcohol spectrum disorder, the petitioner has the burden of proving by clear and convincing evidence that the expectant mother, while knowing she is pregnant, has continued to consume alcoholic beverages to such a degree that there is a reasonable possibility that the unborn child, when born, may be diagnosed with a fetal alcohol spectrum disorder unless the expectant mother ceases the consumption of alcoholic beverages and there is good cause to believe she will continue to consume alcoholic beverages if not involuntarily admitted to a treatment facility.
- $\underline{(4)}$ At the conclusion of the hearing the court shall either dismiss the petition or order the respondent to undergo involuntary substance abuse treatment, with the respondent's chosen licensed service provider to deliver the involuntary substance abuse treatment where possible and appropriate.

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Section 17. Section 397.697, Florida Statutes, is amended to read:

397.697 Court determination; effect of court order for involuntary substance abuse treatment.--

- involuntary substance abuse treatment have been proved by clear and convincing evidence, it may order the respondent to undergo involuntary treatment by a licensed service provider for a period not to exceed 60 days. If the court finds it necessary, it may direct the sheriff to take the respondent into custody and deliver him or her to the licensed service provider specified in the court order, or to the nearest appropriate licensed service provider, for involuntary treatment. When the conditions justifying involuntary treatment no longer exist, the client must be released as provided in s. 397.6971. When the conditions justifying involuntary treatment are expected to exist after 60 days of treatment, a renewal of the involuntary treatment order may be requested pursuant to s. 397.6975 prior to the end of the 60-day period.
- (2) In all cases resulting in an order for involuntary substance abuse treatment, the court shall retain jurisdiction over the case and the parties for the entry of such further orders as the circumstances may require. The court's requirements for notification of proposed release must be included in the original treatment order.
- (3) An involuntary treatment order authorizes the licensed service provider to require the client to undergo such treatment

as will benefit him or her, including treatment at any licensable service component of a licensed service provider.

Section 18. Effective October 1, 2008, section 562.063, Florida Statutes, is created to read:

562.063 Health warning signs; posting requirement; penalty.--

- (1) (a) Each vendor licensed to sell alcoholic beverages for consumption on or off the vendor's premises shall cause a health warning sign that complies with the provisions of paragraph (b) to be posted on the licensed premises where alcoholic beverages are sold, at a location in each room where alcoholic beverages are available for sale, and in such a fashion as to be clearly visible to the patrons of the licensed vendor.
- (a) must be posted in English, Spanish, and other languages, as appropriate to the area; must be at least 12 inches by 18 inches in size; must be laminated for durability and neatness; and must read as follows:

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HEALTH WARNING

ALCOHOL IN BEER, COOLERS, WINE, AND LIQUOR CAN CAUSE:

- 1. FETAL ALCOHOL SYNDROME AND BIRTH DEFECTS. DO NOT DRINK DURING PREGNANCY.
- 2. DRUNK DRIVING. DO NOT DRINK BEFORE DRIVING A CAR, OPERATING A BOAT, OR OPERATING MACHINERY.
 - 3. ADDICTION.

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CODING: Words stricken are deletions; words underlined are additions.

4. DEATH. DO NOT MIX ALCOHOL WITH OTHER DRUGS, INCLUDING PRESCRIPTION OR ILLEGAL DRUGS. THE COMBINATION CAN BE FATAL.

- (c) The division shall produce health warning signs that comply with paragraph (b) and distribute the signs to the licensed vendors operating establishments that sell alcoholic beverages for consumption on or off the premises. The division shall impose a fee and collect from each vendor an amount sufficient to cover the costs of printing and delivering the signs.
- (2) A vendor of alcoholic beverages may not sell any alcoholic beverage unless the vendor has properly posted the health warning signs required under subsection (1). Any vendor who violates this subsection commits a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083.
- Section 19. The Division of Alcoholic Beverages and Tobacco of the Department of Business and Professional Regulation shall produce and distribute health warning signs in compliance with s. 562.063, Florida Statutes, as created by this act.
- Section 20. For the purpose of incorporating the amendment made by this act to section 397.675, Florida Statutes, in a reference thereto, subsection (1) of section 397.6773, Florida Statutes, is reenacted to read:
- 397.6773 Dispositional alternatives after protective custody.--
- (1) A client who is in protective custody must be released by a qualified professional when:

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(a) The client no longer meets the involuntary admission criteria in s. 397.675(1);

(b) The 72-hour period has elapsed; or

(c) The client has consented to remain voluntarily at the licensed service provider.

Disorders Diagnostic and Intervention Centers; professional training.--The Department of Health shall establish Fetal
Alcohol Spectrum Disorders Diagnostic and Intervention Centers and develop and provide professional training for Healthy
Families, Healthy Start, child protection, child care, domestic violence prevention, behavioral health care, education, and physical health care professionals as well as any other groups working with children or pregnant women. The Fetal Alcohol
Spectrum Disorders Diagnostic and Intervention Centers shall be located in Sarasota, Hillsborough, Duval, and Miami-Dade
Counties and in other counties as the need arises and there are sufficient funds to provide staff for the centers.

- Section 22. For the purpose of implementing this act for the 2008-2009 fiscal year:
- (1) The sum of \$15,558,000 is appropriated from the General Revenue Fund to the Department of Children and Family Services.
- (2) The sum of \$2,105,000 is appropriated from the General Revenue Fund to the Department of Health.
- Section 23. Except as otherwise expressly provided in this act, this act shall take effect July 1, 2008.

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